

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Scoring Of Sensed Neurological Signals For Use  
With A Medical Device System

Attorney Docket Number:: 11738.00139

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 4005 W. 124<sup>th</sup> Street  
City of mailing address:: Leawood  
State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 2513 Via Linda Drive

City of mailing address:: Lawrence  
State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Nina  
Middle Name:: M.  
Family Name:: Graves  
Name Suffix::

City of Residence:: Minnetonka  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 4312 Ridge Ct.

City of mailing address:: Minnetonka  
State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55391

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canadian  
Status:: Full Capacity  
Given Name:: Jonathon  
Middle Name:: E.  
Family Name:: Giftakis  
Name Suffix::  
City of Residence:: Brooklyn Park  
State or Province of Residence:: Minnesota  
Country of Residence:: USA

Street of mailing address:: 3701 78<sup>th</sup> Avenue N

City of mailing address:: Brooklyn Park

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55443

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,999	09/19/03
This Application	Non-Provisional of	60/418,506	10/15/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Medtronic, Inc.

Street of mailing address:: 710 Medtronic Parkway NE  
LC 340

City of mailing address:: Minneapolis

State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55432